

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90040 047 ***150.00

DOCUMENT # P99000080975

1. Entity Name

IMMOBILECO.

Principal Place of Business

Mailing Address

Callendar & Co. Suite C.
Regent Center Square, MAIL DR.
P.O. Box F-46132
Freeport, Grand Bahama, Bahamas

Same

2. Principal Place of Business

4709 52nd Terrace N

3. Mailing Address

9709 52nd Terrace N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg FL

City & State
St. Petersburg FL

4. FEI Number

247-25-5065*

Applied For

Not Applicable

Zip
33708

Country
USA

Zip
33708

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Swisher, John
669 First Ave N.
St. Petersburg FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director-President - Secy
4 Treasurer
Sm. Jn. Barry
669 First Ave N.
St. Petersburg FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D-P-S-T
Sm. Jn. Barry
669 First Ave N.
St. Petersburg FL 33701

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

President Barry S. Smith

5230

727-320-9306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)